

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | BT | | 9-9-99 |
| O.I.P.E. CLASSIFIER | | 8 | 9-14-99 |
| FORMALITY REVIEW | | 7/43 | 9/21/99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
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| 34 | N |
| 35 | ✓ |
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| 40 | ✓ |
| 41 | ✓ |
| 42 | N |
| 43 | |
| 44 | |
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| 47 | N |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Final Original | |
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If more than 150 claims or 10 actions
 staple additional sheet here

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